

**Virginia Department of Health, Division of Disease Prevention
Ryan White CARE Act Part B and HIV Prevention Services
Public Hearing Minutes
Roanoke, Virginia
October 17, 2007**

The public hearing began at 12:15pm and there were 21 attendees and four representatives from the Virginia Department of Health (VDH).

Ami Gandhi, HIV Community Planner for VDH, welcomed participants to the public hearings and introduced VDH representatives. A brief overview of the public hearing process was given and ground rules were discussed. Attendees were informed that questions and comments not asked during the meeting could be submitted within the next two days for inclusion into the minutes.

Ms. Gandhi, then, provided an update on HIV prevention services at VDH. Participants were given an overview of the Virginia HIV Community Planning Committee (HCPC) and were encouraged to apply for membership. Updates were also given on the upcoming release of the 2008 Comprehensive HIV Prevention Plan and the 2008 Epidemiology Profile, both of which are anticipated to be released in December of 2007.

Ms. Gandhi, then, opened the floor up for comments and questions regarding HIV prevention services in Virginia. A provider asked where VDH stood regarding opt-out testing. VDH staff discussed the current legislation and stated that this would be a topic for upcoming General Assembly sessions. A new pilot HIV testing grant that was recently awarded to VDH was also discussed.

A question was also posed by another attendee on whether VDH would be conducting PSAs or distributing public information about the HIV testing recommendations to the general population, such as explaining the difference between opt-in and opt-out testing. VDH staff stated that statewide PSAs were not being planned, but asked participants the best way of getting information out to the general population. Responses from participants included postings at: grocery stores, liquor stores, sports arenas, the Drop-In Center publications, other area publications, billboards, local libraries, online sources that could target MSM, pharmacy bags, MySpace, Craig's List, and Facebook.

An attendee stated that they are seeing more people becoming HIV-positive that do not belong in 'high-risk' populations, but rather the general population. This attendee's concern focused on the push for DEBIs and that these interventions may not reach the general population. Another attendee asked how to reach those that are HIV-positive that are not changing behaviors, even though they have the education and information needed to make healthy sexual decisions. VDH staff stated that this example is where care and prevention should be linked in reaching at-risk populations.

Participants were asked what VDH could do to get community and provider buy-in for the new HIV testing recommendations. Participants suggested testing through probation officers and articles in local newspapers or through local news stations.

An attendee also stated that the Southwest region does not have funding to provide HIV prevention services. VDH staff stated that HIV prevention funds are awarded on a competitive basis, through a RFP process. Also, VDH receives few grant proposals during this process from the Southwest region. Participants were asked what VDH could do to encourage more agencies/organizations from the Southwest region to apply for HIV prevention grants. An attendee stated that the process was too cumbersome and that resources and staff were not available to complete grants for VDH. VDH staff stated that to aid agencies in this process, they offer grant writing workshops. Many attendees requested that VDH offer a grant writing workshop in the Southwest region.

Steven Bailey, Assistant Director of Health Care Services at VDH, then provided an overview and updates on health care services for the state. After program descriptions under the Health Care Services, the floor was opened up to attendees. Various questions revolved around such topics as Ryan White Reauthorization and subsequent changes, specifics regarding ADAP/ADAP updates, centralizing eligibility, Maraviroc and the testing required before initiating this medication.

When asked about the needs and challenges of the region, a statement arose regarding the inability of obtaining local or county epidemiological data for planning purposes. A discussion arose on the issue that if a county has three or less cases, no report is generated for the county, but if this is something attendees would like to have, then it can happen, including having a focused presentation on the region if specific parameters are identified.

A suggestion was made to consider increasing FPL eligibility limit for all Ryan White Part B services, including ADAP. Also, difficulty recruiting mental health providers to serve Ryan White clients was cited.

Regarding consideration of centralized ADAP eligibility, desire to participate in focus groups to help institute such as system was desired, as well as special attention to methods to preserve client confidentiality, with information potentially being handled through mail or fax. An ADAP Coordinator in attendance noted that it would be burdensome to do eligibility twice per year for clients, and then also needing to do a separate Ryan White eligibility. Desire to be able to share eligibility of ADAP clients with Ryan White providers, and to eventually extend centralized eligibility to Ryan White B services, was noted.